

**SSI Milwaukee County Advisory Committee
Quality Assurance Workgroup
February 24, 2005 Meeting Summary
Co-Chairs: Dr. Bruce Christiansen, Dr. Sandra Mahkorn, and David Woldseth**

Organizations Represented:

APS Health Care

DHFS

iCare

Metastar

MHS

Wisconsin Coalition for Advocacy

Independence First

ANew

United Health Care

Abri Health Plan

Mental Health Association

UW Medical School

Representatives:

Bruce Christiansen

Ruthanne Landsness

Sandra Mahkorn, M.D.

David Woldseth

Jim Hennen

Kathy Sansone

Joyce Binder

Sherrel Walker

Sandi Tunis

Shirin Cabraal

Karen Avery

Lee Schulz

Ginger Reimer

Alie Kriofske Mainella

Sue Schlondrop

Heather Ascalia

Bonnie Johnson

Paula Lucier

Martha Rasmus

Marguerite Burns

The Quality Assurance Workgroup met at the Radisson-Milwaukee West on North Mayfair Road. Dr. Mahkorn called the group together at 10:04 a.m.

Dr. Mahkorn discussed the progress of the external advocate contract. The expectation is that the HMOs will work collaboratively with the external advocate to solve and identify problems as they arise. The external advocate will play a major role in improvement processes. Some quality indicators will reveal themselves early within the first several months; the external advocate will assist in determining whether there are issues that must be more fully investigated. The external advocate will also consider issues that are identified through consumer surveys yet to be developed. The department has been drafting a request for bids that should be completed and released within the next few weeks.

Bruce Christiansen provided the workgroup with information about demographics, the illness burden, and utilization data. His Power Point presentation is included with these materials (Attachment 1).

Ruthanne Landsness talked about the goals and values that she and Dr. Mahkorn

developed. Their listing is included with these materials (Attachment 2). The group discussed the differing definitions of quality assurance and quality improvement and which direction this workgroup ought to take.

Ruthanne Landsness then facilitated presentations by several people. Together, they constituted an overview of quality improvement efforts. A number of quality improvement efforts have been undertaken using existing data. For example, encounter data tells the state and the HMOs at a very basic level what is occurring. In terms of disease management, CAPS can be used as well as targeted interventions and case management pilots. For instance, if one looks at lead screening results, one learns that the poor are at the highest risk. When an initiative was tried for tobacco cessation, basic measures were evaluated, and DHFS learned that some measures do not work. Therefore, resources can be devoted elsewhere rather than wasted on ideas that do not work. The workgroup then reviewed some performance improvement projects that have been conducted.

Sherrel Walker talked about what an external quality review organization does, and what its role would be in this process. One of its obligations is to make sure that the data is correct and that measures are accurately evaluated and concerned.

The next meetings have been scheduled for March 16 and for April 11. At that time, the workgroup will look at CAHPS. The meeting adjourned at 12:10 p.m.

Respectfully submitted,

David A. Woldseth
Co-Chair